



## WHAT DO HOSPITAL STAFF PERCEIVE ABOUT OUTSOURCING?

## Hospital Administration

<b>Sis. Gracemma Bridget</b>	Former Ward sister, Sree Chitra Tirunal Institute of Medical Sciences and Technology (SCTIMST), Trivandrum, Kerala.
<b>Dr. Jawahar SK Pillai*</b>	MHA(AIIMS), DIP NB, LLB, Additional Professor and Head of the Department, Department of Hospital Administration, All India Institute of Medical Sciences Bhubaneswar, Bhubaneswar, Odisha. *Corresponding Author
<b>Dr. Ramkrishna Mondal</b>	Senior Resident, Department of Hospital Administration, All India Institute of Medical Sciences Bhubaneswar, Bhubaneswar, Odisha.

## ABSTRACT

**Background:** Outsourcing is one of the business strategies by which a organization's functions, processes, activities and decision responsibilities shifted to an outdoor provider. Cleanliness of hospital is directly linked to infection control, patient comfort and satisfaction. This study evaluates this shift in service delivery system. Its main objectives are to get a feedback of quality of services rendered by hired housekeeping staff and service of the contracting agency.

**Method:** Two separate sets of pre-tested structured Questionnaire and interview method were used for two group of respondents. One set contained 25 questions and the second set 20 questions. First group consist of nurses, technical staff etc. and second group consist of department head, division manager, supervisors etc. Using judgement sampling method, for first group 52 response and for second group 43 responses were received.

**Result:** In Group I, 52 respondents were there of young age ( $\mu = 37.65$  and  $\sigma = 10.019$ ) and had less experience. Whereas, in Group II, 43 respondents were of older age group ( $\mu = 52.042$  and  $\sigma = 6.188$ ) and had more experiences Responses were categorized using five-point Likert scale.

**Discussion:** Overall for variable 1, it was found that 45.81 % respondents were in favour of and 36.41 % respondent were not in favour of outsourcing. Only 17.78% respondents remained neutral. Variable 2, Service quality of outsourced workers was found average in this study. 43.85% respondents were disagreed and 43.58% agreed regarding quality cleaning. Regarding variable 3, service of agency 46.73% were against and 42.83% were in favour.

**Conclusion:** The institute is contracting out its cleaning services with the aim of cost benefit and achieving efficiency while maintaining service and quality. Balancing the trade between cost and quality is what is meant by achieving value for money or value of money from the effective, efficient and economic use of resources.

## KEYWORDS

Outsourcing, Housekeeping, Hospital Cleaning, Infection control

## INTRODUCTION:

Healthcare industry is essentially a service industry and the core function of a hospital is its clinical services. (1) To provide quality clinical care, ancillary services are very crucial. One of the major and most vital ancillary service is housekeeping service. Infection has always been a problem in hospitals. Cleanliness contributes to infection control, though preventing infections requires more than simple cleanliness. Outsourcing may be a business strategy that moves a number of organization's functions, processes, activities and decision responsibilities from within organization to an outdoor provider. (2) The outsourcing process, which has definite merits and demerits, is expected to greatly reduce fixed overhead costs of an organization. However, considerable research has been made in the field of outsourcing, as an economic approach and management tool. But much less attention has been given to the needs and special circumstances of hospitals, where modified services have to be offered by service providers. (3) There is now considerable dispute about not only whether the intended cost benefit is achieved by outsourcing, but also, whether it is at the cost of quality. Though the concept adopted in the study setting is not typically outsourcing, a study about the topic seems very relevant in order to go ahead with outsourcing of cleaning in full swing.

Cleanliness of hospital is directly linked to patient comfort and satisfaction. There is a strong relationship between health care associated infections and hospital hygiene. Dancer (1999) argues that hospital cleaning is a neglecting component of infection control and a valuable means of dealing with environmental contamination in hospitals. (4) In addition to cost savings, organization can employ an outsourcing strategy to focus on core aspects of a business. A case study at Madhya Pradesh found that the retransformation of a hospital after outsourcing facility management services. (5) This example strongly points towards the benefit of transferring the responsibility of cleaning to a private agency. Massin et. al. reports that Hospital cleaning requires a number of skills in adapting chemical and tools in comparison to simple unskilled cleaning job. (6) Domberger (1998) in his study mentioned a number of advantages for in-house provision.

(7) It was argued that competitive tendering brought benefits even if an in-house team won the contract and increase flexibility, capacity to adapt to change and potential for innovation.

In 1998, Steve Davis (8) reported that in UK, contracting out of cleaning services has complicated hygiene in hospitals. An increase in MRSA rates is found in 1980s and 1990s which coincided with a reduction of number of cleaners. (9) Pratt et.al. (10) points to the perceived falling standards in the cleanliness of hospitals since the introduction of compulsory comprehensive tendering and the internal market. Study found that the conflict in human resources approach proved a significant obstacle to meet service quality standards. (11)

Griffith et. al. (12) noted that there are concerns that trends in cost containment may be contributing to dirtier hospitals and a decline in the provision of domestic services. ICNA, ADM, (13) states that hospital cleaning staff faces important and largely unrecognized risks in the course of their work. (14) Along several dimensions, it is not clear if outsourced cleaning services actually add new costs and risks that must be considered in a n integrated cost benefit analysis, before concluding that outsourcing is indeed an efficient and cost-effective option.

The study Centre (Sree Chitra Tirunal Institute for Medical Sciences and Technology (SCTIMST) is a 254 bedded referral tertiary care hospital. In tune with government directive and for achieving better efficiency, the administrative body decided to substitute a portion of cleaning workforce by outsourcing agency. During the time of study there were around 130 outsourced cleaners in the institute and they were deployed in all patient care areas including critical care units except operation theatre. Hence, their commitment and quality of service has a direct impact on the total quality of care delivered in the study setting.

## Methods:

## Aim of the study

In order to reduce the operational expenses, as per the directives of

Government of India, the study centre outsourced fifty percentage of the housekeeping and security services to an external agency. This study evaluates this shift in service delivery system as to how far the intended results of cost benefit, efficiency and patient care could be obtained. Its main objectives are to get a feedback regarding quality of services rendered by hired housekeeping staff and service of the contracting agency.

This is a qualitative study designed to deal with system analysis and response evaluation. The study deals with real situation and there is no theory-based hypothesis applied for testing relationships. This study design is descriptive research type based on a qualitative analysis approach. Age, designation, duration of services etc. were independent variables. Subjective dependent variable was categorized from the questions into three main variables namely, opinion regarding outsourcing of housekeeping service, quality of services of outsourced workers and service of the contracting agency. Two separate sets of pre-tested structured Questionnaire and interview method were used for two group of respondents. First set of questionnaire contains 25 questions and the second set 20 questions. First group consist of nurses, technical staff etc. and second group consist of department head, doctor, division manager, supervisors etc. Using judgement sampling method, for first group questionnaire were administered to sixty-two (62) staff but only 53 response were received (response rate 83.87%). For second group the questionnaire was administered to 52 staff and 43 responses received (response rate 82.69%). Staff having more than 5 years experiences were only included in the study. Data were collected and simple statistical methods like frequency, percentage used to analyse the data. Since the population in both the group were different, Least Common Multiple (LCM) method was applied to combine the data and conclude.

**RESULTS:**

The data collected for the two groups were analysed and found that in Group I, 52 respondents were of young age (Mean= 37.65 years and Std. Dev. =10.019) and less duration of experiences (mean=12.08 years and Std. dev.=9.426). Whereas, in Group II, 43 respondents were there of older age group (Mean= 52.042 years and Std. Dev. =6.188) and more duration of experiences (mean=25.85 years and Std. dev.=7.093). Responses were categorized using five-point Likert scale and shown in table. Table I shows the response score for the group I respondents question wise.

**Table I: Responses For Group I With Five-point Likert Scale**

Group I											
Variable Nos.	Question Nos.	Strongly Agree		Agree		Neutral		Disagree		Strongly Disagree	
		N	%	N	%	N	%	N	%	N	%
Variable no 1	Q1	6	11.54 %	21	40.38 %	7	13.46 %	18	34.62 %	0	0.00 %
	Q20	3	5.77 %	11	21.15 %	18	34.62 %	19	36.54 %	1	1.92 %
	Q24	3	5.77 %	15	28.85 %	3	5.77 %	28	53.85 %	3	5.77 %
	Q11	21	40.38 %	27	51.92 %	2	3.85 %	2	3.85 %	0	0.00 %
	Q12	11	21.15 %	23	44.23 %	14	26.92 %	2	3.85 %	2	3.85 %
	Q14	1	1.92 %	12	23.08 %	14	26.92 %	24	46.15 %	1	1.92 %
	Q10	2	3.85 %	19	36.54 %	6	11.54 %	23	44.23 %	2	3.85 %
Variable no 2	Q2	10	19.23 %	19	36.54 %	12	23.08 %	11	21.15 %	0	0.00 %
	Q3	12	23.08 %	21	40.38 %	17	32.69 %	2	3.85 %	0	0.00 %
	Q4	11	21.15 %	24	46.15 %	8	15.38 %	8	15.38 %	1	1.92 %
	Q5	5	9.62 %	19	36.54 %	8	15.38 %	18	34.62 %	2	3.85 %
	Q6	8	15.38 %	21	40.38 %	4	7.69 %	18	34.62 %	1	1.92 %
	Q8	1	1.92 %	5	9.62 %	15	28.85 %	27	51.92 %	4	7.69 %
	Q9	3	5.77 %	14	26.92 %	4	7.69 %	28	53.85 %	3	5.77 %

Variable No 3	Q13	7	13.46 %	32	61.54 %	1	1.92 %	12	23.08 %	0	0.00 %
	Q7	7	13.46 %	21	40.38 %	7	13.46 %	15	28.85 %	2	3.85 %
	Q22	3	5.77 %	14	26.92 %	11	21.15 %	20	38.46 %	4	7.69 %
	Q23	6	11.54 %	20	38.46 %	9	17.31 %	16	30.77 %	1	1.92 %
	Q15	9	17.31 %	18	34.62 %	13	25.00 %	10	19.23 %	2	3.85 %
	Q16	19	36.54 %	29	55.77 %	3	5.77 %	1	1.92 %	0	0.00 %
	Q17	23	44.23 %	18	34.62 %	5	9.62 %	6	11.54 %	0	0.00 %
	Q18	9	17.31 %	15	28.85 %	6	11.54 %	21	40.38 %	1	1.92 %
	Q19	16	30.77 %	19	36.54 %	4	7.69 %	13	25.00 %	0	0.00 %
	Q21	6	11.54 %	20	38.46 %	14	26.92 %	12	23.08 %	0	0.00 %
Q25	4	7.69 %	20	38.46 %	12	23.08 %	14	26.92 %	2	3.85 %	

Table II shows the responses of the group II respondents question wise.

**Table II: Responses For Group II With Five-point Likert Scale**

Group II											
Variable Nos.	Question Nos.	Strongly Agree		Agree		Neutral		Disagree		Strongly Disagree	
		N	%	N	%	N	%	N	%	N	%
Variable no 1	Q1	5	11.63 %	18	41.86 %	10	23.26 %	8	18.60 %	2	4.65 %
	Q2	0	0.00 %	17	39.53 %	13	30.23 %	13	30.23 %	0	0.00 %
	Q3	5	11.63 %	26	60.47 %	8	18.60 %	4	9.30 %	0	0.00 %
	Q9	0	0.00 %	6	13.95 %	35	81.40 %	0	0.00 %	2	4.65 %
	Q10	0	0.00 %	27	62.79 %	9	20.93 %	7	16.28 %	0	0.00 %
	Q14	1	2.33 %	12	27.91 %	1	2.33 %	26	60.47 %	3	6.98 %
	Q15	1	2.33 %	22	51.16 %	1	2.33 %	19	44.19 %	0	0.00 %
	Q16	3	6.98 %	18	41.86 %	1	2.33 %	19	44.19 %	2	4.65 %
	Q17	4	9.30 %	14	32.56 %	3	6.98 %	18	41.86 %	4	9.30 %
	Q19	0	0.00 %	3	6.98 %	1	2.33 %	14	32.56 %	25	58.14 %
Variable no 2	Q20	0	0.00 %	24	55.81 %	3	6.98 %	16	37.21 %	0	0.00 %
	Q4	0	0.00 %	11	25.58 %	6	13.95 %	26	60.47 %	0	0.00 %
	Q5	1	2.33 %	19	44.19 %	1	2.33 %	21	48.84 %	1	2.33 %
	Q6	0	0.00 %	10	23.26 %	4	9.30 %	29	67.44 %	0	0.00 %
	Q8	1	2.33 %	5	11.63 %	4	9.30 %	33	76.74 %	0	0.00 %
	Q11	8	18.60 %	26	60.47 %	3	6.98 %	6	13.95 %	0	0.00 %
Variable no 3	Q7	1	2.33 %	33	76.74 %	0	0.00 %	9	20.93 %	0	0.00 %
	Q12	1	2.33 %	3	6.98 %	4	9.30 %	34	79.07 %	1	2.33 %
	Q13	1	2.33 %	0	0.00 %	2	4.65 %	36	83.72 %	4	9.30 %
	Q18	0	0.00 %	2	4.65 %	3	6.98 %	13	30.23 %	25	58.14 %

In both the questionnaire sets questions were divided into three categorical variables as discussed above. Answers were derived by analysing three variables in Table III.

**Table III: Data Analysis Of Three Variables Of Two Groups.**

Data analysis of three categorized variables of two groups										
Variable No. 1: Opinion about Outsourcing Housekeeping services.										
	Strongly Agree		Agree		Neutral		Disagree		Strongly Disagree	
	N	%	N	%	N	%	N	%	N	%
Group I	7	12.91%	18	35.16%	9	17.58%	17	31.87%	1	2.47%
Group II	2	4.02%	17	39.53%	8	17.97%	13	30.44%	3	8.03%
Overall	4	8.46%	18	37.35%	8	17.78%	15	31.16%	2	5.25%
Variable No. 2: Service Quality of Outsourced Housekeeping services.										
Group I	7	12.76%	19	36.71%	9	16.78%	16	30.59%	2	3.15%
Group II	2	4.65%	14	33.02%	4	8.37%	23	53.49%	0	0.47%
Overall	4	8.71%	17	34.87%	6	12.58%	19	42.04%	1	1.81%
Variable No. 3: Service of the Contracting Agency of Housekeeping services.										
Group I	12	23.63%	20	38.19%	8	15.66%	11	21.15%	1	1.37%
Group II	1	1.74%	10	22.09%	2	5.23%	23	53.49%	8	17.44%
Overall	7	12.69%	15	30.14%	5	10.45%	17	37.32%	4	9.41%

**DISCUSSION:**

Both the groups of respondents were in house staff working in the study settings at various levels. It was found from the data analysis that group I respondents were younger and having less years of experiences as compared to the group II who were older and having more years of experiences. At the other end, Group I respondents had a closer association with hired workers at work place compared to Group II respondents. The main three variables evaluated in this study were,

**Variable No. 1: Opinion about Outsourcing Housekeeping services.:**

It was found that majority of the respondents in group I had agreed (35.15%) and Strongly agreed (12.91%) i.e. in favour of outsourcing. Whereas, 31.87% disagreed and 2.47% strongly disagreed with regard to outsourcing of house keeping services. 17.58% respondents remain neutral. In group II, most of the respondents were in favour (39.53% agreed and 4.02% strongly agreed). Whereas, 30.44% disagreed and 8.03% strongly disagreed for outsourcing. 17.97% respondents remain neutral. Overall, it was found that most of (45.81 %) respondents were in favour of outsourcing and 36.41 % respondent were not in favour of outsourcing. Only 17.78% respondents remained neutral.

**Variable No. 2: Service Quality of Outsourced Housekeeping services.:**

Group I respondents were of opinion that Quality of service rendered by outsourced housekeeping (36.71% Agreed and 12.76% strongly agreed) was good. 16.78% respondents had nothing to opine. But 30.59% disagreed and 3.15% strongly disagreed about the quality of service by outsourcing housekeeping. In Group II, it was found that majority were not in favour of quality service by outsourcing of housekeeping services (53.49% disagree and 0.47% strongly disagreed). However, 4.65% strongly agreed and 33.02% agreed that the quality housekeeping service was rendered by outsourced workers. Overall, the service quality of outsourced workers was found average in this study. 43.85% respondents have disagreed or strongly disagreed as compared to 43.58% who were in favour of outsourcing of cleaning.

**Variable No. 3: Service of the Contracting Agency of Housekeeping services.**

With regard to the service by contracting agency it was found that in group I, majority were in favour (23.63% strongly agreed and 38.19% agreed) of good service by agency and only few disagreed (21.15% disagreed and 1.37% strongly disagreed). However, 15.66% respondents remain neutral on their opinion. But in group II it was found that majority were not in favour of the service by agency (53.49% disagree and 17.44% strongly disagree) and only 5.23% remain neutral. However, 1.74% strongly agreed and 22.09% agreed about the good service by agency in group II. Overall, most of the

respondents were not in favour of the service of agency for housekeeping (46.73% disagreed and strongly disagreed) compared to 42.83% who were in favour of the service.

**CONCLUSION:**

Overall result of the study is that acceptance to outsourcing of housekeeping services in the study setting is average among the respondents. Individual analysis of the responses to all the three variables indicates that majority of the respondents rated the first two categorical variables opinion about outsourcing and service quality as average. Out of the 74.95% who rated it average, majority were from the first group of respondents who have a closer working association with hired workers and hence have a better knowledge of their performance. Response to the second variable, i.e., opinion about the service of outsourcing housekeeping services received relatively better response in the study setting, yet it is average. With regard to third variable, i.e., service of the contracting agency, 49.6% respondents rated it poor, while 44.63% gave average rating Only 5.77% respondents rated it good. These positive responses were observed from the group of supervisory staff (Group II) who often have opportunity to communicate with contracting agency personnel and thus know their service better than first group. The group I seems unaware of what actually the agency does. Overall the service of contracting agency is rated poor. The institute is contracting out its cleaning services with the aim of cost benefit and achieving efficiency while maintaining service and quality. It is important to balance the trade between cost and quality thereby achieving value for money or value of money from the effective, efficient and economic use of resources.

**Acknowledgement:** None

**Funding Issues:** NIL

**Ethical Issues:** Not required.

**Conflict Of Interest:** No conflict of interest declared

**REFERENCES:**

1. **Rasmus Rempling, Christina Claesson-Jonsson.** D4.5 IPD contract recommendations. *Streamer*. Final version, September 2016.
2. **Patricia.** Advantages and Disadvantages of Outsourcing. <https://smartchurchmanagement.com/>. [Online] <https://smartchurchmanagement.com/>, November 8, 2017. [Cited: March 18, 2021.] <https://smartchurchmanagement.com/advantages-and-disadvantages-of-outsourcing/>.
3. *Outsourcing of Facility Services in Swiss Hospitals*. **Susanne Hofer, Michael Rohrer.** 0 Wädenswil-Zurich : Zurich University of Applied Sciences, 2011. ISSN Number: 1662-985X.
4. *Mopping up hospital infection.* **Dancer, S.J.** 2 ; Pages 85-100, s.l. : Journal of Hospital Infection, 1999, Vol. 43.
5. **ICRA MANAGEMENT CONSULTING SERVICES LIMITED.,** *Prefeasibility Report of Provision of Facility Management Services on Management Contract at General Hospital, Jayanagar.* Bangalore : Karnataka Infrastructure Development, September 2013.
6. *Respiratory symptoms and bronchial responsiveness among cleaning and disinfecting workers in the food industry.* **Massin, N et al.** 75-81, s.l. : Occupational and Environmental Medicine, 2007, Vol. 64.
7. **Domberger, Simon.** *The Contracting Organization: A Strategic Guide to Outsourcing.* s.l. : OUP Oxford, 19 November 1998. ISBN:9780191525070, 0191525073.
8. *Fragmented management, hospital contract cleaning and infection control.* **Davies, Steve.** 3, 2010, Policy and politics, Vol. 38, pp. pp. 445-463.
9. **Zuberi, Dan.** *How Hospital Outsourcing is Hurting Workers and Endangering Patients.* London : Cornell University Press, 20 September 2013.
10. *The epic Project: Developing National Evidence-based Guidelines for Preventing Healthcare associated Infections. Phase 1: Guidelines for Preventing Hospital-acquired Infections.* **Pratt, R.J. et al.** S1-S-82, s.l. : Journal of Hospital Infection, 2001, Vol. 47 (Supplement).
11. *International HRM insights for navigating the COVID-19 pandemic: Implications for future research and practice.* **Caligiuri, P., De Cieri, H., Minbaeva, D. et al.** 697-713 , s.l. : J Int Bus Stud, 2020, Vol. 51. <https://doi.org/10.1057/s41267-020-00335-9>.
12. *An evaluation of hospital cleaning regimes and standards.* **Griffith, C.J et al.** 19-28., s.l. : Journal of Hospital Infection, 2000, Vol. 45.
13. *Standards for Environmental Cleanliness in Hospitals.* **ICNA, ADM .** London: DH : Infection Control Nurses Association and the Association of Domestic Management, 1999.
14. *Implementing and evaluating a system of generic infection precautions: body substance isolation.* **Lynch P, Cummings MJ, Roberts PL et al.** 1-12, s.l. : Am. J. Infect. Control, 1990, Vol. 18.